2007 FOR PROFIT CORPORATION

DOCUMENT # P01000074195 I SOFT PARTIES ARRECUE, INC. PRINCIPAL P		ANNUAL RI	EPORT (AR)						
1. Early Hardo MR. T'S BARBECUE, INC. FILE D O7 MAY -1 PM 2: 22 Principal Place of Business Malling Artifletes 13112 MICHOCKIRDEE DITIVE INC. LAWASSEE FL 32296 INC. LA	DOCUN	/FNT # P0100007419	95	TO I					
Prices Rock of Business 1 Add 10 LAKE BRADE ORD RD 13 12 BROCKEIDGE DRIVE 1 LANGSCE FL 20298 2. Principal Place of Business - Tio P O Box # 2. Sub. Apr. 4, ofc. 2. Principal Place of Business - Tio P O Box # 2. Sub. Apr. 4, ofc. 2. Sub. Ap	ł								
Prices Place of Business 1Ad 10 LAKE BIADECRD RD 2. Prices Place of Business - The PO Box # Sale Age of the Control Place of Business - The PO Box # Sale Age of the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The PO Box # Sale Age to the Control Place of Business - The Policy Business - The Sale of Policy Bus	MR. T'S B	MR. T'S BARBECUE, INC.				FILE	D		
31 12 SEPONATIONS DRIVE THE STATE OF THE STA					13.7				
14.01 D.AKE BRADFORD RD. TALLAHASSEE FL. 32305 2. Friending Flace of Business: No F.O. Bus # 2.	Principal Place	of Rusinoss	Mailing Addross			07 MAY -1	7. CC		
US 2. Principal Race of Business: No P. O. Bus P Suite Apt P. Otto						* _ Z	ns STATE		
2. Supplied That of Bastines. No P.D. Box # 3. Mailing Address # 250 S. Borth Months Street Supplied	TALLAHASSI		TALLAHASSEE FL 32305	•		(INDIHADU UH NOLDI (IDA) \$201 DEK	À ÉTAN ETRIKATOÙN WÎDENU	AIN 1870: BYNDDY 11: 1984	
2. Supplied That of Bastines. No P.D. Box # 3. Mailing Address # 250 S. Borth Months Street Supplied	US		US						
SSO S SOUTH Monte Street Load S Trail blazer in the MORE CR26034 (10/06) Suno, Apt 4, edg. Suno, Apt 4, ed	2 Bringing Dia	oco of Rusinoss - No B.O. Boy #	3 Mailing Address		3 (MMIIMMI III MMIME (CM)) WMIII MWI	II MB334 2:3 114 (8011 DINNI III	TIN (GID) BITTON! II INAI		
Succession Succe									
Such Asset County				<u> </u>		1st MOORE	CR2E034 (10/	/06)	
The Above pamed only submes the statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. 8. The above pamed only submes the statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. 8. The above pamed only submes the statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. 8. The above pamed only submes the statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or b	0 00 100010 0 -					· · · · · · · · · · · · · · · · · · ·	· ,	·	
SANDERS, TODD W 1634 S. TRAILBLAZER DR. TALLAHASSEE FL 32310 8. The above named certify submits this statement for the outpose of changing its registered agent. City FL Zip Code 8. The above named certify submits this statement for the outpose of changing its registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica. I am farmiser with and accept the collegations of registered agent, or both, in the State of Florica and acceptate agent and acceptate agent and acceptate agent agen	City & State	Masses Aprich		α	'	4. FEI Number 06-169430	8		
SANDERS, TODD W 1634 S. TRAILBLAZER DR. TALLAHASSEE FL 32310 8. The above named cerely submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florda. I am familiar write, and acception clinical or displaced agent and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florda. I am familiar write, and acception control of organized agent in a law: *zerkezide** **REFLEX COMMIT FEE IS \$150.00 **Make Check Payable to Florida Directions** **FLEX POWITH FEE IS \$150.00 **Make Check Payable to Florida Directions** **PRINCE TO THE STATE DIRECTORS*** **TO OFFICERS AND DIRECTORS*** **TO OFFICERS AND DIRECTORS*** **TO OFFICERS AND DIRECTORS*** **TO OFFICERS AND DIRECTORS** **TO	Zip_	Country				. O. 25. A. 200 A. O. C. A.	\$8.7		
SANDERS, TODD W 1634 S. TRAILBLAZER DR, TALLAHASSEE FL 32310 City FL Zip Code Stream of the purpose of changing its registered difficor or registered agont, or both, in the Sist of Ploids. Tam familiar with, and accept three obligations of registered agont. FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee Will Bo \$550.00 Make Check Payable to Florids Department of State 10.	<i></i>		· —	USA			Fee F	Required	
SANDERS, TODD W 1634 S. TRAIL BLAZER D R, TALLAHASSEE FL 32310 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept through the obligations of registered agent. SIGNATURE: Syncia, mediar printed rane of registered agent. NOIE Programate Agent segnature respective registered agent. INDIE Programate Agent segnature respective registered agent, or both, in the State of Florida. I am familiar with, and accept throughout the obligations of registered agent. PLATE Syncia, mediar printed rane of registered agent registered agent segnature respective registered agent, or both, in the State of Florida. I am familiar with, and accept throughout the obligations of registered agent. SIGNATURE: Syncia, mediar printed rane of registered agent registered agent, or both, in the State of Florida. I am familiar with, and accept throughout the following throughout the state of Florida Department with and accept throughout the following throughout the florida printed floridate following throughout the floridate fl	6. Name and Address of Current Registered Agent								
Steel Address (P. O. Box Number is Not Acceptable)									
8. The above named onlity submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comparison of registered agent on the cooling in the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida Florida. Comparison of Florida Fl	1634 S. TRAILBLAZER DR.			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named onlity submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comparison of registered agent on the cooling in the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida Florida. Comparison of Florida Fl						•			
tho obligations of rogistered agent. SIGNATURE Signature, liped or printed rate as segulated agent and life 1 contents. (NOIS: Regretated Agent signature recovered where the recision recovered where the recision discreted) DATE				City			FL Z	ip Code	
SIGNATURE Souther, pred or prese a registeria content of the standard Agent agritude recovered when reconsisting South Agent agritude South Agent agritude South Agent agritude Agent agritude South Agent agritude			the purpose of changing its regis	stered office or	registered	d agent, or both, in the State of Fl	orida. I am familia	ar with, and accept	
FILE NOW!! FEE IS \$15.0.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10.	the obligation	oris or registered agent.							
Addition Atter May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 IIII SANDERS, TODD W SIRI 1, 2009 ISS SIRI 1, 2009 ISS SANDERS, TODD W SIRI 1, 2009 ISS SIRI 1, 2009 ISS SANDERS, JADA C SANDERS, JADA C SANDERS, JADA C SIRI 1, 2009 ISS CITY-S1-7P TALLAHASSEE FL 32310 Delete IIII MAM SIRI 1, 2009 ISS CITY-S1-7P TALLAHASSEE FL 32310 Delete IIII MAM SIRI 1, 2009 ISS CITY-S1-7P TALLAHASSEE FL 32310 Delete IIII MAM SIRI 1, 2009 ISS CITY-S1-7P TALLAHASSEE FL 32310 Delete IIII MAM SIRI 1, 2009 ISS CITY-S1-7P TALLAHASSEE FL 32310 Delete IIII MAM SIRI 1, 2009 ISS CITY-S1-7P Change Addition MAM SIRI 1, 2009 ISS CITY-S1-7P Change Target Addition MAM SIRI 1, 2009 ISS CITY-S1-7P Change Ta	SIGNATURE _	Sounding, broad or pupiled name of moistering agent of	rest title if transferable (NOTE-Rem	stored Ament Sennatur	re raminant wh	the in rotust altigraph	CALE		
After May 1, 2007 Fee Will Bo \$55.0.00 Make Check Payable to Florida Department of State 10.									
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	1	· ·					· <u>-</u>		
D Dolete Hitt Dolete Sign Addition SanDERS, TODD W 1634 S TRAILBLAZER DRIVE TALLAHASSEE FL 32310 Delete Hitt ADMYSS CITY-SL-7/P Delete Hitt ADMYSS CITY-SL-7/P Delete Hitt ADMYSS CITY-SL-7/P Delete Hitt ADMYSS CITY-SL-7/P TALLAHASSEE FL 32310 Delete Hitt ADMYSS CITY-SL-7/P Delete Hitt ADMYSS CITY-SL-7/P TALLAHASSEE FL 32310 Delete Hitt ADMYSS CITY-SL-7/P TALLAHASSEE FL 32310 Delete Hitt ADMYSS CITY-SL-7/P Delete Hitt ADMYSS CITY-SL-7/			State			Frust Fund Co	ntribution.	Added to Fees	
NAME SIRVELADORES CITY-SI-7/P TALLAHASSEE FL 32310 SANDERS, JADA C SANDERS, JADA C 1634 S TRAILBLAZER DRIVE TALLAHASSEE FL 32310 IIII NAME SIRVELADORESS CITY-SI-7/P TALLAHASSEE FL 32310 IIIII NAME SIRVELADORESS CITY-SI-7/P IIII N	10.	OFFICERS AND [DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 11	
SIRIT ADDRESS CITY-SI-7IP THILL NAME SIRIT ADDRE	1 11111	=	☐ Defete	HITE				Change	
TALLAHASSEE FL 32310 CITY-SI-7P TALLAH	'''''	· ·		t t					
SANDERS, JADA C 1634 S TRAILBLAZER DRIVE 1634	OTTA TO TABLET AND THE SAV								
NAME SINGERS, JADA C 1634 \$ TRAILBLAZER DRIVE TALLAHASSEE FL 32310 Delete IIII NAME SINGER ADDRESS CITY-SI-ZIP Delete IIIII NAME SINGER ADDRESS CITY-SI-ZIP Delete IIII NAME SINGER ADDRESS CITY-SI-ZIP Delete Delete IIII NAME SINGER ADDRESS CITY-SI-ZIP Delete Dele	·	S		 	D		15/0	Change	
INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. Delete INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. SIRET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP INIT. INIT		SANDERS, JADA C		NAME	sarde	ers JadaC			
INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. Delete INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. SIRET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP INIT. INIT	Direct radiations			STREET ADDRESS	1634.	5 trailblazer Dr	_		
INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. Delete INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. NAMI SIRET ADDRESS CITY-ST-ZIP INIT. SIRET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP INIT. INIT	CHY-SI-ZIP	TALLAHASSEE FL 32310		CITY-S1-ZIP	MI	lahessee Fe 3231	0		
SHELL ADDRESS CITY-SL-ZIP ITHU MAMI MAMI SHELL ADDRESS CITY-SL-ZIP ITHU MAMI SHELL ADDRESS CITY-SL-ZIP	1			000:				Change	
CITY-SI-ZIP CITY-SI-ZIP	I	101							
NAMI. SINFT ADDRESS CITY-SI-ZIP IIII. NAMI: SINFT ADDRESS CITY-SI-ZIP CITY-SI-ZIP IIII. NAMI: SINFT ADDRESS CITY-SI-ZIP CITY-SI-ZIP IIII. NAMI: SINFT ADDRESS CITY-SI-ZIP IIII. NAMI: SINFT ADDRESS CITY-SI-ZIP IIII. NAMI: SINFT ADDRESS CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP IIII. NAMI: SINFT ADDRESS CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP IIII. NAMI: SINFT ADDRESS CITY-SI-ZIP IIII. NAMI: SINFT ADDRESS CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP IIII. NAMI: SINFT ADDRESS CITY-SI-ZIP	,	MSS11							
CITY ST-ZIP CITY	HIG.	D. C.	☐ Delele	IMIC		1001010		Change	
CITY ST-ZIP CITY	NAME	L				1 UU 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1	1504 (1 1000 - **10	a no l	
IIIII. Delete HITE ADDRESS CITY-ST-ZIP 11ILC Delete HITE ADDRESS CITY-ST-ZIP 11ILC Delete HITE ADDRESS CITY-ST-ZIP 11LC Delete HITE ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Add W. Sandars	1					03/04/01==01020=	TUZO ***13	.0.00	
NAME SIRET ADDRESS CITY-ST-ZIP ITILI NAME SIRET ADDRESS CITY-ST-ZIP 1111 Delete								Change Addition	
SIRET ADDRESS CITY-ST-ZIP ITILE NAME. SIRET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Add W. Sandurs.	1			1				ланде 📋 Аййнон I	
ITILL NAME. SIRET ADDRES City-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Dad W. Sandars.								ĺ	
NAME. SIRTT ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Dodd W. Sondurs.	CHY-St-ZIP			CHY-ST ZIP					
SIRET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Dodd W. Sandurs.	TITU		**					Change 🔲 Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Dodd W. Sandurs.	1								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Dold W. Sandurs.	1			i				ļ	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Dodd W. Sandurs.		ortify that the information supplied with			contained	in Section 119. Florida Statutes	I further certify th	at the information	
SIGNATURE: Doll W. Sonders SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Desture Phone #	indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11								
	SIGNAT	URE: Jod W. Son	HINTED NAME OF SIGNING OFFICER OR DI	RECTOR		Date	Daytime	Phone #	